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APPLICANTS

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** CONTINUING DATA *****

Name JWA

** FOREIGN APPLICATIONS *****

Jen JWD

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after		DRAWING 7	35	3
Verified and Acknowledged	<i>Howard L. Becker JWD</i> Examiner's Signature Initials				

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TITLE

Intravascular stent

FILING FEE RECEIVED 1318	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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